



TINDAMAX PA SUMMARY

STATUS: Non-Preferred

LENGTH OF AUTHORIZATION: 1 month

PA CRITERIA:

- ❖ The following are approvable diagnoses:
 - Trichomoniasis
 - Bacterial vaginosis
 - Giardiasis
 - Intestinal amebiasis
 - Amebic liver abscess
- ❖ Provider must submit documentation of ineffectiveness allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to metronidazole.
- ❖ If approved, the PA will be entered for brand-name Tindamax.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and Appeal Process:

- ❖ For online access to the PA process please go to www.mmis.georgia.gov/portal, highlight the pharmacy link on the top right side of the page, and click on “prior approval process”.

Quantity Level Limitations:

- ❖ For online access to the current Quantity Level Limits please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services Part II and select that manual.